

COPYRIGHT NOTICE

UB ResearchOnline
<http://researchonline.ballarat.edu.au>



This article is copyright and may not be
reproduced without permission of the
publisher,
The Australian Christian
Forum on Education.

BEING HUMAN, BECOMING WHOLE: UNDERSTANDING SPIRITUAL HEALTH AND WELL-BEING.

JOHN FISHER

Research Project Officer, School of Nursing, University of Ballarat, Australia.

Spirituality and its place in education has recently become a significant topic of discussion. For example, in the United Kingdom writers on the subject include Best (1996), Carr (1996), Erricker, Erricker and Ota (1996), Hay and Nye (1998), Smith (1999) and Wright (1998); while articles have appeared in Australian publications by Crawford and Rossiter (1993), Gleeson (1999), Hill (1993) and Tacey (2000). The notion of spiritual health has also received recent attention, although most of the statements about spiritual health have been made in reference to nursing, nurse education and (more recently) the training of medical practitioners. In their (as they state, “not complete”) annotated bibliography of spiritual health, Hjelm & Johnson (1996) have claimed that “acceptance of spirituality as a component of health has been slow” (p. 248).

Most of the articles on spiritual health in the last two decades have originated from the U.S.A.; only several have addressed the context of Australian schools (Fisher 1995, 1998; Gehrig 1998; Mavor 1995). Some of the articles have attempted descriptions of spiritual health (Bensley 1991; Chapman 1986; Eberst 1984; Ellison 1983; Hawks, Hull, Thalman & Richins 1995); while others have suggested techniques for enhancing spiritual well-being (Banks 1980; Bellingham, Cohen, Jones & Spaniol 1989; Goodloe & Arreola 1992). None of these earlier works adequately addressed the curriculum detail and pedagogy necessary to respond to the inclusion of ‘spiritual health’ in such school curriculum statements as those produced by the Australian Education Council (1994), Victorian Board of Studies (1994), the Australian Ministerial Council on Education, Employment, Training and Youth Affairs (1999), and seen in the *Health Promoting Schools* literature (in *Victorian School News* 1999, 15, pp. 20f). This article is written to seek to shed further light on this contemporary topic.

INTEREST IN SPIRITUALITY

Contemporary Western culture, with its predominant concerns of materialism and preoccupation with the tangible aspects of life (such as industrial production, wealth and power), has tended to relegate spiritual issues, if they are discussed at all, to a place of minor importance. Such a ‘head in the sand’ approach to spiritual matters has appeared to work satisfactorily at least until immortality is challenged by either our own pending death, or that of a loved one (Chapman 1987, p. 33). This is in contrast to the spirituality of Australian aboriginal culture, which highlights the unity of humans living in harmony with the environment (*Good Weekend*, 15 November 1997, p. 17).

Over the last decade in countries like Australia, however, there has been a proliferation of ‘New Age’ expositions on spirit, mind and body. Such have led Markowitz (1996) to comment:

Lately, it seems as if you can’t turn on the television, go to a bookstore or pick up a newspaper without running into something about “the mind-body [-spirit] connection”....the recent rash of attention to the power of integrating mind and body [and spirit] has generated a response more on the order of a mass religious movement. (p. 21. Additions mine)

Many people, especially in Western society, are looking for greater meaning in life, and are prepared to search out alternatives to the traditional fare offered by religious organisations. “‘We’ve come to equate our self-worth with our net worth. We buy everything from sex to a new improved body. The meaning of life,’ argues Richard Neville ‘has become a commodity.’” (*Good Weekend*, August 23, 1997, p. 48). According to Markowitz (1996, p. 22)

there’s a large segment of society that is primed for this new vision of healthiness... more interested than ever before in therapies, products and workshops that offer the promise of renewed vigor, an extended life span and a calmer, more centered state of mind [to which could be added, “being”].

Clifford (1995, p. 5) suggested that the 1990s was ‘the decade of healing.’ If it was, there is still more work to be done. Clifford believed Australians are becoming more concerned about healing the environment and searching for personal healing and control of one’s life “through New Age psycho-technologies such as aura readings, astrology and rebirthing”. Many of these New Age technologies are appearing in the popular Mind*Body*Spirit Festivals, about which Johnson (1997, p. 17) claimed that

all of the evidence points to a great spiritual hunger amongst many Australians, especially women. These are folk who readily admit that their lives are in a mess. They are groping for meaning in life and looking for techniques to overcome their hurts.

Yates (1997, p. 13) has also suggested

that people are “fleeing the emptiness of the culture.” Or to state the matter in more constructive terms, people are seeking an integration to life, a sense of unity and purpose that reveals life to have greater depth and meaning than the secular world, with its image of the successful life, has to offer.

In order to find this integration to life, current concerns with holism in education (Dufty & Dufty 1994) and nursing (Hood-Morris 1996, p.440) refer to “an integrated, dynamic, evolutionary, and vital conceptualization of the biological, psychological, social, and spiritual aspects of human nature.” This paper is concerned with the spiritual component of the integration, or wholeness of people, as it relates to their overall well-being.

THE NATURE OF SPIRITUALITY

The nature of ‘spirituality’ has been debated for centuries and the literature reveals the difficulty writers have in defining the concept (Diaz 1993, Goodloe & Arreola 1992, Read, Rudge, Teece & Howarth 1992, Seaward 1991). As Muldoon and King (1995) claim,

spirituality can mean many things in popular usage, and is often understood differently by different people. While retaining a certain ambiguity, its current range of application extends from traditional institutional religion to occult practices. In general, the term appears to denote approaches to discovering, experiencing, and living out the implications of an authentic human life. (p. 330)

Twenty four separate meanings for ‘spirit’ are listed in the *Oxford English Dictionary* (Brown 1993). The general meaning underlying all the uses is that of an animating or vital principle, which gives life, transcending the material and mechanical. It refers to the essential nature of human beings, strength of purpose, perception, mental powers, frame of mind. In line with these meanings, ‘spiritual’ may refer to higher moral qualities, with some religious connotations and higher faculties of mind (Hill 1989, p. 170).

Thus “spirituality includes the ways in which our relatedness to the ultimate affect our understandings and feelings of relatedness to everyone and everything else” (Nelson, cited in Anderson & Morgan 1994, p. 117). Consensus appears to be that spirituality is not a uni-dimensional entity; rather, it has multifaceted components integrated into a “whole” (Elkins, Hedstrom, Hughes, Leaf & Saunders 1988, p. 9).

Spirituality is innate

There appears to be considerable support for spirituality being posited at the heart of human experience. “Spiritual and religious issues are... understood to be a central part of the fabric of [human] existence” (Watson 1997, p. 130). In a summary of literature she reviewed, Westgate (1996) reported that “spirituality is an innate component of human functioning” (p. 27). Nolan and Crawford (1997, p. 291) support this view with their contention that “spirituality is experienced by everyone.”

Oldnall (1996, pp. 139-140) believes that “each individual has spiritual needs” and contends that “human spirituality in a very real sense... unifies the whole person”. Oldnall’s view is supported by Leetun (1996, p. 60), who suggests that spirituality “is the dimension that permeates, deepens, shapes, and unifies all of life”. Clearly, spirituality is a vital component of human functioning.

Spirituality is emotive

The notion of spirituality is emotive (Jose & Taylor 1986, p. 17). It touches people's hearts because it deals with the very essence of being. Thus it is important for people in positions of influence to remember that they cannot be neutral, or value-free, when spirituality is discussed; rather, they must try to be objective in examining the concepts of spirituality and spiritual health, especially with young people (Warren 1988, p. 119).

Spirituality is not religion

‘Spirit’ is sometimes automatically equated with religious activity. According to many, this assumption is not valid: The notion of spirit (or spirituality) is not synonymous with religion (or religiosity) (Banks, Poehler & Russell 1984, Mavor 1995, Read 1993). Both Maslow and Dewey considered spirituality to be part of a person’s being and, therefore, prior to and different from religiosity (Fahlberg & Fahlberg 1991, p. 274).

‘Spirituality’ may be viewed “as a possession of persons in themselves while religion is a social institution” (Horsburgh 1997, p. 440). Turbott (1996, p. 722) added to this perspective that “religion describes the beliefs and practices of an organised church or religious institution... [whereas] the spiritual is an individual experience of relationship with a transcendent force or being, a quality which goes beyond specific religious affiliation.” This view was also expressed by Lukoff, Lu and Turner (1992, p. 674). Nolan and Crawford (1997, p. 290) stated that “all religions embrace spirituality, but religion is only one of a variety of ways of understanding or accessing spirituality.” Similarly, “spirituality becomes an organismic, developmental dimension and religion, a “culturally flavored” framework that helps develop the organismic spiritual potential” (Ingersoll 1994, p. 106). Elkins et al. (1988, p. 8) claimed, “religion has been the mother of the world’s greatest spiritual giants, the “best of the species” in the area of spirituality. At its best, religion is the incubator and reservoir of the world’s most vital spiritual values.” Jose and Taylor (1986, p. 18) suggested that “talk of spirit and spirituality does not necessarily have to be “God-talk”; rather, it is dialogue about lived reality, about experience and the possibility of experiencing.”

Some writers (e.g. Ardell 1991, Newby 1996, and Harvey 1998) are attempting to define secular spirituality, a spirituality without any need for a religious/God component. However, Smith (2000) raises arguments against this notion. These opposing viewpoints illustrate how

people's world-views and beliefs influence their understanding of spirituality, a key feature in the model of spiritual health presented later in this article (see Figure 1).

Spirituality is subjective

Spirituality has been seen as personal, or subjective, lacking much of the objective nature considered necessary for investigation *via* the scientific method (Chapman 1987, p. 33). People's world-views and beliefs influence their understanding of spirituality: Some people's world-views lead them to focus on self, others on community, yet others on environment and/or a god. These perspectives on spirituality cannot be studied using current scientific methods (Diaz 1993, p. 325) – although if one holds to the view that the use of the physical senses and the empirical way of knowing is the only true science, then much of logic, mathematics, reason and psychology have no place in science. To balance an over-emphasis on the subjectivity of spirituality, however, Thatcher (1991, p. 23) argues that there is a “crippling price to pay for misidentification of spirituality as inwardness,” and we need to go beyond the inner search to fully understand spirituality.

Spirituality is dynamic

Priestley (1985, p. 114) has suggested that

the spirit is dynamic. It must be felt before it can be conceptualised. However, intellectual analysis requires static models. For spirit to be communicated, we must either attempt to ignore the dynamic of the spiritual dimension, or study its nature as well as the content.

Terms like ‘spiritual growth’ and ‘development’ (Chapman 1987, p. 33) are used to express the vibrant nature of spirituality. A person's spiritual health can be perceived to be high or low. If it is static, there is neither growth or development, nor spiritual life. MacDonald (2000, p. 187), discussing experiential aspects of spirituality as well as existential well-being associated with a sense of positive existentiality, has suggested that spirituality expressed through a sense of meaning and purpose in life and a perception of self helps one to actively cope with the challenges of life and limitations of human existence. The spiritual quest, then, is likened to the dynamics of being on a journey.

DIMENSIONS OF HEALTH

Before investigating the relationship between spirituality and health, it is important to comment on the nature of health. Even in Greek times, educators considered the total health of each individual as having a sound spiritual base (Brown 1978, p. 12). Thus, “for Hippocrates, it is nature which heals, that is to say the vital force – *pneuma* [or spirit] – which God gives to man” (from Adams 1939, p. 299); while healing may be defined as “a sense of well-being that is derived from an intensified awareness of wholeness and integration among all dimensions of one's being” (Coward & Reed 1996, p. 278), which includes the spiritual elements of life.

The literature suggests that human health is composed of six separate, but interrelated, dimensions (Adams, Bezner & Steinhardt 1997; Banks 1980; Bensley 1991; Hawks et al. 1995; Seaward 1991). Health involves much more than *physical* fitness and the absence of disease; it includes also the *mental* aspect of knowing, the *emotional* aspect of feeling, the *social* dimension that comes through human interaction, the *vocational* domain, and – at the very essence of being – the *spiritual* dimension. It is the spiritual dimension which may have greatest impact on overall personal health (Eberst 1984, p. 101).

SPIRITUAL HEALTH AND WELL-BEING

Ellison (1983, p. 332) has suggested that spiritual well-being “arises from an underlying state of spiritual health and is an expression of it, much like the color of one's complexion and pulse rate are expressions of good [physical] health.” Fehring, Miller and Shaw (1997, p. 664)

agreed, recognising that “spiritual well-being is an indication of individuals’ quality of life in the spiritual dimension or simply an indication of their spiritual health.”

A succinct definition of spiritual well-being has been given by the National Interfaith Coalition on Aging: “Spiritual well-being is the affirmation of life in a relationship with *God, self, community, and environment* that nurtures and celebrates wholeness’ (NICA 1975, italics mine). These four sets of relationships are variously mentioned in discussions of spirituality, spirituality and health, and spiritual health in the literature of the last two decades (Fisher 1998, p. 24).

These relationships can be developed into four corresponding domains of human existence, for the enhancement of spiritual health:

- relation with self, in the *Personal* domain;
- relation with others, in the *Communal* domain;
- relation with the environment, in the *Environmental* domain; and
- relation with Transcendent Other, in the *Transcendental* domain.

A detailed description of these four domains of spiritual health has been developed from interviews with 98 teachers from 22 secondary schools (state, Catholic and other non-government) in Victoria, Australia. In each school up to five staff (the principal, curriculum coordinator, chaplain or Religious Education coordinator, student welfare coordinator and other interested staff) were interviewed to ascertain their personal views of spiritual health and their perceptions of its place in the school curriculum (Fisher 1998). The following definition of spiritual health was derived from this study:

- a. Spiritual health is a fundamental dimension of people's overall health and well-being, permeating and integrating all the other dimensions of health (i.e. the physical, mental, emotional, social and vocational).
- b. Spiritual health is a dynamic state of being, shown by the extent to which people live in harmony within relationships in the following domains of spiritual well-being:
 - Personal domain (wherein one intra-relates with oneself with regards to meaning, purpose and values in life. The human spirit creates self-awareness, relating to self-esteem and identity)
 - Communal domain (as expressed in the quality and depth of inter-personal relationships, between self and others, relating to morality, culture and religion. This includes love, justice, hope & faith in humanity)
 - Environmental domain (past care and nurture for the physical and biological, to a sense of awe and wonder; for some, the notion of unity with the environment)
 - Transcendental domain (Relationship of self with some-thing or some-One beyond the human level, i. e. ultimate concern, cosmic force, transcendent reality, or God. This involves faith toward, adoration and worship of, the source of Mystery of the universe).¹

(modified from Fisher 1998, p. 191).

Part a. of this definition outlines the inter-connective nature of spiritual health, and reflects that it is a dynamic entity (Chapman 1987, Swift 1994). Part b. highlights the dynamic nature of spiritual health, in which internal harmony depends on intentional self-development, coming from congruence between expressed and experienced meaning, purpose and values in life. This often is the result of personal challenges which go far beyond the contemplative meditation leading to a state of bliss, perceived by some as internal harmony.

Morality, culture and religion are included in the Communal domain of spiritual well-being. This is consistent with Tillich’s view that

morality, culture, and religion interpenetrate one another. They constitute the unity of the spirit, wherein the elements are distinguishable but not separable. Morality, or the constitution of a person as person in the encounter with other persons, is essentially related to culture and religion. Culture provides the contents of morality – the concrete ideals of personality and community and the changing laws of ethical wisdom. Religion gives to morality the unconditional character of the moral imperative, the ultimate moral aim, the reunion of the separated in *agape*, and the motivating power of grace (1967, p. 95). Morality and culture in existential separation from religion become what is usually called “secular.” (Tillich 1967, p. 97)

In the study described above, religion (with a small ‘r’), was construed as essentially a human, social activity with a focus on ideology and rules (of faith and belief systems), as distinct from a relationship with a Transcendent Other such as that envisaged in the Transcendental domain of spiritual well-being. Thus 11 of the 17 teachers in the study who made reference to the importance for spiritual health of religious beliefs, values and tradition but without embracing God were classified as *Communalist*; while the 62 teachers in this study who expressed views of spiritual health which included a relationship with a god, as well as religious beliefs, values and traditions were classified in the Transcendental domain.

A MODEL OF SPIRITUAL HEALTH

The main features of a model of spiritual health which shows as dynamically as possible the interrelationships between the component parts of the above definition are summarised in Figure 1 (extracted from Fisher 1999, p. 31). The key elements to be framed in the diagram were the knowledge base and transcendent aspect of each of the four domains of spiritual well-being.

--- Figure 1 about here ---

In Figure 1, a person’s world-view is seen to filter the **knowledge** aspect of the FOUR DOMAINS of spiritual well-being (depicted by the **bold type** under the heading for each domain). A person’s beliefs filter the *inspirational* aspects of (that is, the essence of and motivation for) each of the domains of spiritual well-being (depicted in *italics* within each domain). The **expressions of well-being** in each domain are in **Roman type**, at the bottom of each cell.

A key feature of this model is the partially distinct nature of, yet interrelation between, the ‘knowledge’ and ‘inspirational’ aspects of each of the four domains of spiritual well-being. People place different priorities on which of the four sets of relationships they will form to nurture their spiritual well-being.

The quality, or rightness of relationship, in each of the four domains constitutes a person's *spiritual well-being* in that domain. An individual's *spiritual health* is indicated by the combined effect of spiritual well-being in each of the domains embraced by the individual. Spiritual health is enhanced by developing positive relationships in each domain, and can be increased by embracing more domains.

The interrelationship between the domains of spiritual well-being is explained by a notion of *progressive synergism*: As the levels of spiritual well-being in the domains are combined, the result is more than the sum of the quality of relationships in each individual domain. Progressive synergism implies that the more embracing domains of spiritual well-being not only build on, but also build up, the ones they include. Figure 1 demonstrates the progressive synergistic relationship between the four domains of spiritual well-being.

When relationships are not right, or are absent, we lack wholeness, or health; spiritual disease can grip our hearts. The quality of relationships in each of the domains will vary or even be non-existent, depending at any given time on circumstances, effort and the personal world-view and beliefs of the person. Not many people are likely to hold the view that they are the sole resource for their own spiritual health (relationship in the Personal domain only, as seen in 3% of the study); most will include at least relationships with others in their world-view of spiritual well-being. The notion of progressive synergism recognises that development of the Personal relationships (related to meaning, purpose and values for life) is precursor to, but also enhanced by, the development of the Communal relationships (of morality, culture and religion). Ashley (1999) contends that “spirituality cannot be privatised [as] private indulgences can be neither personally nor socially transformative.” In agreement with Ashley, Fallding (1999, p. 26) suggests that the ‘self-enhancement’ of people is opposed to the spiritual values of ‘self-abandonment’ as a means by which people develop communal relations through trust in others. Ashley and Fallding find it impossible to conceive of people being spiritually healthy if they focus solely on the Personal domain.

Ideally, unity with the Environment builds on, and builds up, the Personal and Communal relationships. There are obvious cultural differences in this: Many people from western societies do not hold the same view of environment as other people groups, for example Australian aboriginals and New Zealand Maoris. Westerners are more likely to have an awareness of environmental concerns, rather than the deep connection or a sense of wonder and oneness that is evidenced in some non-Western cultures.

Figure 1 has a dotted line bordering the Transcendental domain. This is to illustrate the potentially boundless relationship a person can have with the Creator/ Transcendent Other/God. The figure also shows the relationship of a person with God as embracing the relationships in the other three domains. Some writers suggest that a person with a strong faith in God (or another Transcendent Other) should be able to attest to the wholeness this faith brings to the totality of the relationships in the four domains of spiritual well-being (Johnson 1996, Robinson 1994). In the words of English theologian John Macquarrie, “as persons go out from or beyond themselves, the spiritual dimension of their lives is deepened, they become more truly themselves and they grow in likeness to God” (cited in Best 1996, p. 126). This is consistent with Wallace’s (2000) views that a relationship with the Transcendent provides a foundation for, and permeates, the other domains. It also enhances the idea of progressive synergism, which depicts the integration of relationships more holistically (although not monistically) than the dualistic representation often offered by Christians. The duality of relationships is often related symbolically to the two beams of the Cross, the horizontal beam representing relationship between people and the vertical beam, relationship with God. A weakness of this analogy is that the point of contact is only at the intersection of the two sets of relationships, rather than (as depicted in my model) the possibility of having a connectedness of all of Creation with the Transcendent.

One group (9%) of respondents in the study were willing to embrace the knowledge aspects (those in the white boxes of Figure 1) of ‘spiritual’ well-being, but not the inspirational aspects. I have termed such people ‘Rationalists’, for they would not be prepared to accept transcendent aspects of being in any of the four domains. Whether they can maintain their position consistently could be argued, in the light of the admission of Blaise Pascal, the prominent scientific thinker of the 17th century, that “the last step of reason (rationalisation) is to recognize that there are many things that lie beyond it” (cited in Lealman & Robinson 1981, p. 36).

CONCLUSION

This paper has presented a definition of spiritual health and well-being and a model for its use. Spiritual health and well-being are reflected in the quality of relationships in four domains of human existence – people with themselves, with others, with the environment, and with a Transcendent Other. The model embraces the divergence of world-views, beliefs and lived experiences of humanity, as expressed in the *knowledge* and *inspirational* aspects of spiritual well-being in each of the domains.

Spiritual health is a dynamic entity: Through the challenges of life the veracity and viability of one's beliefs and world-view will be tested, along with the quality of relationships in each of the four domains. Spiritual health will develop or diminish in the 'ups and downs' of life. Friend, counsellor, nurse and teacher are important in helping to foster the relationships which will enhance the spiritual well-being of others – and, in so doing, may help themselves grow spiritually.

When we – whether as teachers educating young people or parents nurturing children, nurses or doctors caring for patients, pastors ministering to members of congregations, or business people meeting the needs of clients – are aware of, and take positive steps to nurture, the relationships which are important to others, we are making sense of spiritual health and well-being. We are being human, becoming whole. This is what lies at the heart of spirituality.

*Dr John Fisher may be contacted at P.O. Box 252BH, Brown Hill, Victoria 3350, Australia
Email: fisher@cbl.com.au.*

ENDNOTE

1. This faith need not be in a personal God. The 1993 National Social Science Survey in Australia revealed that 63.1% of adult Australians indicate a belief in some kind of personal God; but 17.4% believed in higher powers (Bentley & Hughes 1998, p.110). Note that the survey did not enquire about the number seeking a relationship with a god.

REFERENCES

- Adams, F. (Trans.). (1939). *The genuine works of Hippocrates* (Aphorisms, I.1). London: Bailliere, Tindall & Cox.
- Adams, T., Bezner, J., & Steinhardt, M. (1997). The conceptualization and measurement of perceived wellness: Integrating balance across and within dimensions. *American Journal of Health Promotion*, 11 (3), 208-218.
- Anderson, P., & Morgan, M. (1994). Spirituality and sexuality: The healthy connection. *Journal of Religion and Health*, 33 (2), 115-121.
- Ardell, D. (1991). Ardell's laws of wellness. *Ardell Wellness Report*, 26, 2.
- Ashley, M. (1999). Recovering communitarian spirituality: Towards criteria for authenticity. A paper presented at the *Sixth Annual International Conference on Education, Spirituality and the Whole Child*, Roehampton Institute, London, 17-19 June.
- Australian Education Council. (1994). *A statement on health and physical education for Australian schools*. Melbourne: Curriculum Corporation.
- Banks, R. (1980). Health and the spiritual dimension: Relationships and implications for professional preparation programs. *The Journal of School Health*, 50 (4), 195-202.
- Banks, R., Poehler, D. & Russell, R. (1984). Spirit and human-spiritual interaction as a factor in health and health education. *Health Education*, 15 (5), 16-19.

- Bellingham, R., Cohen, B., Jones, T. & Spaniol, L. (1989). Connectedness: Some skills for spiritual health. *American Journal of Health Promotion*, 4 (1), 18-24,31.
- Bensley, R. J. (1991). Defining spiritual health: A review of the literature. *Journal of Health Education*, 22 (5), 287-290.
- Bentley, P., & Hughes, P. J. (1998). *Australian Life and the Christian Faith: Facts and figures*. Kew: CRA.
- Best, R. (Ed.). (1996). *Education, spirituality and the whole child*. London: Cassell.
- Board of Studies. (1994). *Curriculum and standards framework – Draft for consultation* - 15 June, 1994. Carlton, Victoria: BOS.
- Brown, I. (1978). Exploring the spiritual dimension of school health education. *The Eta Sigma Gamman*, 10 (1), 12-16.
- Brown, L. (Ed.). (1993). *Oxford English Dictionary*. Oxford: Clarendon Press.
- Carr, D. (1996). Rival conceptions of spiritual education. *Journal of Philosophy of Education*, 30 (2), 159-178.
- Chapman, L. (1986). Spiritual health: A component missing from health promotion. *American Journal of Health Promotion*, 1 (1), 38-41.
- (1987). Developing a useful perspective on spiritual health: Wellbeing, spiritual potential and the search for meaning. *American Journal of Health Promotion*, 1 (3), 31-39.
- Clifford, R. (1995). *The mission of the Church and the New Age Movement*. Lilydale: Bible College of Victoria.
- Coward, D. D., & Reed, P. G. (1996). Self-transcendence: a resource for healing at the end of life. *Issues in Mental Health Nursing*, 17 (3), 275-288.
- Crawford, M., & Rossiter, G. (1993). The spirituality of today's young people: Implications for religious education in Church-related schools. *Australian Association for Religious Education*, 9 (2), 1-8.
- Diaz, D. P. (1993). Foundations for spirituality: Establishing the viability of spirituality within the health disciplines. *Journal of Health Education*, 24 (6), 324-326.
- Dufty, D., & Dufty, H. (1994). Thinking whole. In D. Dufty & H. Dufty (Eds.), *Holistic education: Some Australian explorations* (pp. 1-12). ACT: ACSA.
- Eberst, R. M. (1984). Defining health: A multidimensional model. *The Journal of School Health*, 54 (3), 99-104.
- Elkins, D., Hedstrom, L., Hughes, L., Leaf, J., & Saunders, C. (1988). Toward a humanistic-phenomenological spirituality. *Journal of Humanistic Psychology*, 28 (4), 5-18.
- Ellison, C. (1983). Spiritual well-being: Conceptualization and measurement. *Journal of Psychology and Theology*, 11 (4), 330-340.
- Erricker, C., Erricker, J. & Ota, C. (1996). *The Children and Worldviews Project and The International Journal of Children's Spirituality*. Available at <<http://www.cwvp.chihe.ac.uk>>.

- Fahlberg, L. L., & Fahlberg, L. A. (1991). Exploring spirituality and consciousness with an expanded science: Beyond the ego with empiricism, phenomenology, and contemplation. *American Journal of Health Promotion*, 5 (4), 273-281.
- Fallding, H. (1999). Towards a definition of the term 'spiritual.' *Journal of Christian Education*, 42 (3), 21-36.
- Fehring, R., Miller, J., & Shaw, C. (1997). Spiritual well-being, religiosity, hope, depression, and other mood states in elderly people coping with cancer. *Oncology Nursing Forum*, 24 (4), 663-671.
- Fisher, J. W. (1995). Spiritual health in the curriculum: At the heart of educating adolescents. *The ACSA 95 collection: Conference papers: Reconstructing Curriculum, choosing the future*, vol.1, pp 203-212. Belconnen ACT: Australian Curriculum Studies Association.
- (1998). *Spiritual health: Its nature and place in the school curriculum*. Unpublished doctoral dissertation, University of Melbourne, Melbourne, Australia.
- (1999). Helps to fostering students' spiritual health. *International Journal of Children's Spirituality*, 4 (1), 29-49.
- Foucault, M. (1989). *The order of things. An Archaeology of the Human Sciences*. London: Tavistock/Routledge.
- Gehrig, S. (1998). *An investigation of the spiritual health status of young Australians aged 16 years*. Unpublished M.Ed. thesis, University of Sydney, Sydney, Australia.
- Gleeson, C. (1999). Quality of soul - Spirituality in schools. *Dialogue Australia*, 2, 27-30.
- Goodloe, R., & Arreola, P. (1992). Spiritual health: Out of the closet. *Health Education*, 23 (4), 221-226.
- Hammond, J., Hay, D. et al. (1990). *New Methods in R.E. teaching – An Experiential Approach*. Harlow: Oliver & Boyd.
- Harvey, S. (1998). *An aetiological dig: Investigating the causes of distress and dysfunction experienced by young people in Australian society*. Unpublished M.Ed. thesis, University of Melbourne, Melbourne, Australia.
- Hawks, S., Hull, M., Thalman, R. & Richins, P. (1995). Review of spiritual health: Definition, role, and intervention strategies in health promotion. *American Journal of Health Promotion*, 9 (5), 371-8.
- Hay, D., & Nye, R. (1998). *The spirit of the child*. London: Harper Collins.
- Hill, B.V. (1989). 'Spiritual development' in the Education Reform Act: A source of acrimony, apathy or accord? *British Journal of Educational Studies*, 37 (2), 169-182.
- (1993). Christian spirituality for the south lands. *Stimulus*, 1 (1), 18-26.
- Hjelm, J., & Johnson, R. (1996). Spiritual health: An annotated bibliography. *Journal of Health Education*, 27 (4), 248-252.
- Hood-Morris, L. E. (1996). A spiritual well-being model: Use with older women who experience depression. *Issues in Mental Health Nursing*, 17, 439-455.
- Horsburgh, M. (1997). Towards an inclusive spirituality: Wholeness, interdependence and waiting. *Disability and Rehabilitation*, 19 (10), 398-406.

- Ingersoll, R. E. (1994). Spirituality, religion, and counselling: Dimensions and relationships. *Counseling and Values*, 38, 98-111.
- Johnson, E. L. (1996). The call of wisdom: Adult development within Christian community. Part II: Towards a covenantal constructivist model of post-formal development. *Journal of Psychology and Theology*, 24 (2), 93-103.
- Johnson, P. (1997). Sydney Mind*Body*Spirit Festival. *New Day*, 167, 17.
- Jose, N., & Taylor, E. (1986). Spiritual health: A look at barriers to its inclusion in the health education curriculum. *The Eta Sigma Gamman*, 18 (2), 16-19.
- Lealman, B., & Robinson, E. (1981). *Knowing and unknowing*. Oxford: Christian Education Movement.
- Leetun, M. C. (1996). Wellness spirituality in the older adult. Assessment and intervention protocol. *Nurse Practitioner*, 21 (8), 65-70.
- Lukoff, D., Lu, F., & Turner, R. (1992). Toward a more culturally sensitive DSM-IV. Psychoreligious and psychospiritual problems. *The Journal of Nervous and Mental Disease*, 180 (11), 673-682.
- MacDonald, D. A. (2000). Spirituality: Description, measurement, and relation to the five factor model of personality. *Journal of Personality*, 68 (1), 153-197.
- Markowitz, L. (1996). Minding the body, embodying the mind. *Networker*, Sep./Oct. pp.21-33.
- Mavor, I. (1995). Health and spirituality: Exploring the connections. *SPES* 3, 11-14. Exmouth: RIMSCUE.
- Ministerial Council on Education, Employment, Training and Youth Affairs. (1999). *The Adelaide Declaration on National Goals for Schooling in the Twenty-First Century*. 22-23 April. Adelaide: MCEETYA.
- Muldoon, M. & King, N. (1995). Spirituality, health care, and bioethics. *Journal of Religion and Health*, 34 (4), 329-349.
- National Interfaith Coalition on Aging (1975). *Spiritual well-being: a definition*. Athens, GA.: NICA.
- Newby, M. (1996). Towards a secular concept of spiritual maturity, in R. Best (Ed.), *Education, spirituality and the whole child* (pp. 99-107). London: Cassell.
- Nolan, P. & Crawford, P. (1997). Towards a rhetoric of spirituality in mental health care. *Journal of Advanced Nursing*, 26, 289-294.
- Oldnall, A. (1996). A critical analysis of nursing: meeting the spiritual needs of patients. *Journal of Advanced Nursing*, 23, 138-144.
- Priestley, J. G. (1985). Towards finding the hidden curriculum: A consideration of the spiritual dimension of experience in curriculum planning, *British Journal of Religious Education*, 7 (3), 112-119.
- Read, G. (1993). The Christian chaplain in a pluralist community. *Chaplains in Schools Seminar*, Education House, Brisbane, 12 November.
- Read, G., Rudge, J., Teece, G., & Howarth, R. (1992). *How do I teach RE? (2nd ed.)*. The Westhill Project RE 5-16. UK: Stanley Thornes (Publ.) Ltd.
- Robinson, A. (1994). Spirituality and risk: toward an understanding. *Holistic Nursing Practice*, 8 (2), 1-7.

- Seaward, B. L. (1991). Spiritual wellbeing: A health education model. *Health Education*, 22 (3), 166-169.
- Smith, D. (1999). *Making sense of spiritual development*. Nottingham: Stapleford Centre.
- (2000). Secularism, religion and spiritual development. *Journal of Beliefs & Values*, 21 (1), 27-38.
- Swift, G. (1994). A contextual model for holistic nursing practice. *Journal of Holistic Nursing*, 12 (3), 265-281.
- Tacey, D. (2000). *Reenchantment: The new Australian spirituality*. Sydney: HarperCollins.
- Thatcher, A. (1991). A critique of inwardness in Religious Education. *British Journal of Religious Education*, 14 (1), 22-27.
- Tillich, P. (1967). *Systematic theology, volume III: Life and the Spirit, History and the Kingdom of God*. Chicago: University of Chicago Press.
- Turbott, J. (1996). Religion, spirituality and psychiatry: conceptual, cultural and personal challenges. *Australian and New Zealand Journal of Psychiatry*, 30 (6), 720-727.
- Wallace, T. (2000). Values and spirituality: Enriching curriculum development and teaching/learning processes for the new millennium. *Journal of Christian Education*, 43 (1), 41-49.
- Warren, M. (1988). Catechesis and spirituality. *Religious Education*, 83 (1), 116-133.
- Watson, W. H. (1997). Soul and system: The integrative possibilities of family therapy. *Journal of Psychology and Theology*, 25 (1), 123-135.
- Westgate, C. E. (1996). Spiritual wellness and depression. *Journal of Counseling & Development*, 75 (1), 26-35.
- Wright, A. (1998). *Spiritual pedagogy: A survey, critique and reconstruction of contemporary spiritual education in England and Wales*. Abingdon: Culham College Institute.
- (2000). New Age spirituality and the integrity of Christian education and youth ministry. *Journal of Education & Christian Belief*, 4 (1), 9-22.
- Yates, W. (1997). Today's spirituality: An exploration. *Religious Humanism*, 31 (1-2), 11-24.

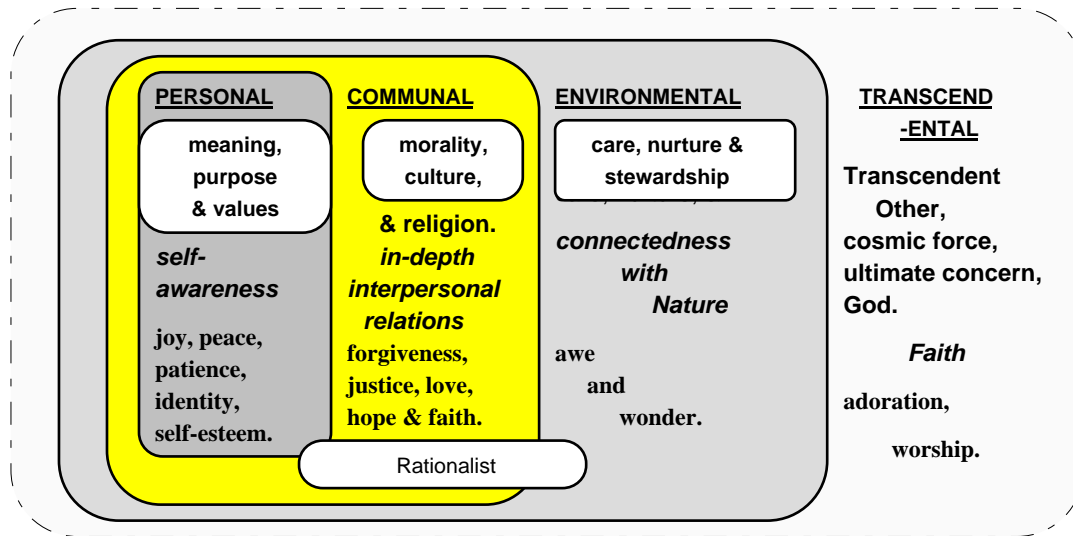


Figure 1: Spiritual health, expressed by the quality of relationships in each domain of well-being.